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JCWSCS 18 MAY 2004

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PAGE 01

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## FACSIMILE COVER SHEET

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We are sending a communication of 3 page(s) (including this cover sheet). Please call (732) 734-7634 immediately if transmission is interrupted or of poor quality.	
<b>OUR REF:</b> 532/2x2	<b>DATE:</b> May 18, 2004

### MESSAGE:

Please see attached Request for Corrected Filing Receipt.

Attorney Docket No.: 532/2x2

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Rafail Zubok et al.

Application No.: 10/776,491

Group Art Unit: 3738

Filing Date: February 11, 2004

Examiner: Not Yet Assigned

For: Cervical Disc Replacement Method

Office of Initial Patent Examination's  
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P.O. Box 1450  
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**REQUEST FOR CORRECTED FILING RECEIPT**

Sir:

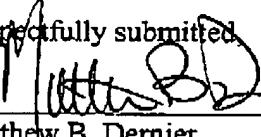
Kindly issue a new Filing Receipt regarding the above-identified patent application making the following correction:

Inventor "Michael W. dudasik" should read --Michael W. Dudasik--.

A copy of the Filing Receipt with the change noted is attached hereto. Thank you for your attention to this matter.

Dated: May 18, 2004

Respectfully submitted,

By 

Matthew B. Dernier

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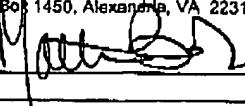
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I hereby certify that this correspondence is being faxed to 703 746-8195, addressed to the Office of Initial Patent Examination's Filing Receipt Corrections, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

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APPL NO.	FILING OR 371 (C) DATE	ART UNIT	FIL FEE REC'D	ATTY.DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/776,491	02/11/2004	3738	385	532/2x2 (F-280 Cont I)	3	19	2

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CONFIRMATION NO. 3254  
 FILING RECEIPT

"OC000000012598166"

Date Mailed: 05/12/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)**

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**Domestic Priority data as claimed by applicant**

This application is a CON of 10/382,702 03/06/2003

**Foreign Applications**

If Required, Foreign Filing License Granted: 05/11/2004

Projected Publication Date: 09/09/2004

Non-Publication Request: No

Early Publication Request: No

\*\* SMALL ENTITY \*\*

**Title**

Cervical disc replacement method

